

**IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

CRAIG MICHAEL KIRK)	CASE NO. 2:09CV583
Plaintiff,)	JUDGE JAMES L. GRAHAM
v.)	MAGISTRATE JUDGE PRESTON DEAVERS
MUSKINGUM COUNTY, OHIO, et al.)	DEFENDANT VILLAGE OF FRAZEYSBURG'S
Defendants.)	RESPONSES TO PLAINTIFF'S DISCOVERY
)	DEMAND

Defendant Village of Frazeysburg hereby submits its response to Plaintiff's demand for discovery:

Village of Frazeysburg Reports

Defendant produces herein the reports and records (with applicable redactions) concerning the traffic stop and arrest of Plaintiff on September 1, 2007.

Insurance Policy

Defendant produces herein the applicable Certificate of Declarations from the Village of Frazeysburg insurance agreement with the Ohio Government Risk Management Plan.

Officer Schilling Personnel Records

Defendant objects to production of the personnel records of Officer Schilling. The information sought is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Defendant states that there are no records of any complaints or discipline regarding Officer Schilling that precede Plaintiff's arrest on September 1, 2007.

Police Chief Bigler Personnel Records

Defendant objects to production of the personnel records of Police Chief Bigler. The information sought is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Further, Defendant states that Chief Bigler has been dismissed from this action pursuant to the Report and Recommendation of the Magistrate Judge.

Other Requests

Defendant objects the remainder of Plaintiff's requests on the grounds that they are overbroad, vague, not relevant and not reasonably calculated to lead to the discovery of admissible evidence.

Respectfully submitted,

s/ Nick C. Tomino

NICK C. TOMINO (0021132)
TOMINO & LATCHNEY, LLC, LPA
803 E. Washington St., Suite 200
Medina, Ohio 44256
(330) 723-4656
Attorney for Defendant Village of Frazeysburg

CERTIFICATE OF SERVICE

The foregoing Defendant Village of Frazeysburg's Reponses to Plaintiff's Discovery Demand has been served via regular U.S. mail or electronic mail on this 5th day of August, 2010:

Craig M. Kirk, *Pro Se*
P.O. Box 206
Warsaw, Ohio 43844

s/ Nick C. Tomino

NICK C. TOMINO (0021132)

THE MAYOR'S
OFFICE

For more information on the 2010 Census, visit 2010.census.gov.

P.O. BOX 160 72ND ST.

FRAZEYSBURG, OH 43822

507 8/1 1965

1. *What is the best way to learn?*

11-28 1953 8 EPP

第十一章 中国古典文学名著

COURT RECORD

ORI NUMBER: OH0600400	IR NUMBER: 07-00318-08	IR DATE: 09/01/2007 03:30:00	PAGE NO. 1					
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT								
ADMINISTRATIVE	AGENCY NAME: FRAZEYSBURG POLICE DEPARTMENT	INCIDENT NUMBER: 07-00318-08						
	*GEOCODE: Zone 2	CLEARANCES:						
	TOD: 09/01/2007 00:29:00	<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE						
	TOA: 09/01/2007 00:29:00							
	TOC: 09/01/2007 00:29:00	*CLEARANCE DATE: 09/01/2007	CLEARED BY:					
	REPORT DATE/TIME:		INCIDENT OCCURRED FROM:		INCIDENT OCCURRED TO:			
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
	08	01	2007	03:30:00	09	01	2007	00:29:00
	08	01	2007	00:29:00				
INCIDENT LOCATION:		(Street, Apt, City, State, Zip):		INCIDENT LOCATION:		(Street, Apt, City, State, Zip):		
47 - Street		Frazeysburg, OH, 45732		47 - Street		Frazeysburg, OH, 45732		
OFFENSE	OFFENSE CODE:	OFFENSE DESCRIPTION:	OFFENDER STATUS:	OFFENDER TYPE:	OFFENDER GENDER:			
	4510.14	1). Driving Under OVI Suspension	C	M-1- Misdemeanor - 1	N - No Bias/Not Applicable			
	DESCRIPTION OF OFFENSE:		SUSPECTED OFFENDER:		SUSPECTED OFFENDER:			
	47 - Street				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE			
	TYPE OF WEAPON USED:		TYPE OF CRIMINAL ACTIVITY:					
	99-None							
	METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:			
	<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE NO PREMISES ENTERED				ENTRY	EXIT	ENTRY	EXIT
	METHODS OF OPERATION:							

DRI NUMBER:	OH0600400		IR NUMBER:	07-00319-00		IR DATE:	09/01/2007 03:30:00		PAGE NO.	2																																																																																																																																																																																																																																			
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT																																																																																																																																																																																																																																													
OFFENSE	OFFENSE CODE:	OFFENSE:		CAG:	CRIME DEGREE:		HATE/BIAS:	LARCENY				73.01	2). Driving While Under the Influence of Alcohol/Drug		C	M-1 - Misdemeanor - 1		N - No Bias/Not Applicable					LOCATION OF OFFENSE:				SUSPECTED OF USING:								77 - Other Location				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE								TYPE OF WEAPON/FORCE USED:				TYPE OF CRIMINAL ACTIVITY:								88-None												METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:								<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT			NO PREMISES ENTERED:		0										METHODS OF OPERATION:												OFFENSE	OFFENSE CODE:	OFFENSE:		CAG:	CRIME DEGREE:		HATE/BIAS:	LARCENY				74.04	3). Headlights		C	M - Misdemeanor		N - No Bias/Not Applicable					LOCATION OF OFFENSE:				SUSPECTED OF USING:								77 - Other Location				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE								TYPE OF WEAPON/FORCE USED:				TYPE OF CRIMINAL ACTIVITY:								99-None												METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:								<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT			NO PREMISES ENTERED:		0										METHODS OF OPERATION:											
	OFFENSE CODE:	OFFENSE:		CAG:	CRIME DEGREE:		HATE/BIAS:	LARCENY																																																																																																																																																																																																																																					
	73.01	2). Driving While Under the Influence of Alcohol/Drug		C	M-1 - Misdemeanor - 1		N - No Bias/Not Applicable																																																																																																																																																																																																																																						
	LOCATION OF OFFENSE:				SUSPECTED OF USING:																																																																																																																																																																																																																																								
	77 - Other Location				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE																																																																																																																																																																																																																																								
	TYPE OF WEAPON/FORCE USED:				TYPE OF CRIMINAL ACTIVITY:																																																																																																																																																																																																																																								
	88-None																																																																																																																																																																																																																																												
	METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:																																																																																																																																																																																																																																								
	<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT																																																																																																																																																																																																																																			
	NO PREMISES ENTERED:		0																																																																																																																																																																																																																																										
METHODS OF OPERATION:																																																																																																																																																																																																																																													
OFFENSE	OFFENSE CODE:	OFFENSE:		CAG:	CRIME DEGREE:		HATE/BIAS:	LARCENY				74.04	3). Headlights		C	M - Misdemeanor		N - No Bias/Not Applicable					LOCATION OF OFFENSE:				SUSPECTED OF USING:								77 - Other Location				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE								TYPE OF WEAPON/FORCE USED:				TYPE OF CRIMINAL ACTIVITY:								99-None												METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:								<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT			NO PREMISES ENTERED:		0										METHODS OF OPERATION:																																																																																																																																		
	OFFENSE CODE:	OFFENSE:		CAG:	CRIME DEGREE:		HATE/BIAS:	LARCENY																																																																																																																																																																																																																																					
	74.04	3). Headlights		C	M - Misdemeanor		N - No Bias/Not Applicable																																																																																																																																																																																																																																						
	LOCATION OF OFFENSE:				SUSPECTED OF USING:																																																																																																																																																																																																																																								
	77 - Other Location				<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIPMENT <input type="checkbox"/> NOT APPLICABLE																																																																																																																																																																																																																																								
	TYPE OF WEAPON/FORCE USED:				TYPE OF CRIMINAL ACTIVITY:																																																																																																																																																																																																																																								
	99-None																																																																																																																																																																																																																																												
	METHOD OF ENTRY:		METHOD OF ENTRY - MOTOR VEHICLE THEFT:		METHOD OF ENTRY - BURGLARY/B&E:																																																																																																																																																																																																																																								
	<input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT																																																																																																																																																																																																																																			
	NO PREMISES ENTERED:		0																																																																																																																																																																																																																																										
METHODS OF OPERATION:																																																																																																																																																																																																																																													

ORI NUMBER: OM0500-00	IR NUMBER: 07-00319-08	IR DATE: 09/01/2007 03:30:00	PAGE NO. 3	
 <p style="text-align: center;">FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT</p>				
VICTIM	*NO: 1	*TOTAL VICTIMS: 1	*VICTIM TYPE: S - Society / Public	
	NAME (Last, First, Middle)			
	ADDRESS (Street, Apt., City, State, Zip):		HOME PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):		PHONE	
	AGE:	89	RACE:	ETHNICITY:
	O.G.B:		HGT:	WGT:
	OCCUPATION:		SSN:	RESIDENT SINCE:
	VICTIM: <input checked="" type="checkbox"/> Y _Y INJURED: <input checked="" type="checkbox"/> N _N	IF INJURED, DESCRIBE INJURIES:		
	TAG, LICENSE NUMBER, COLOR, MAKE, MODEL, AND VEHICLE NUMBER		VICTIM'S PERSONAL PROPERTY	
	JUSTIFIABLE HOMICIDE			
OFFICER CIRCUMSTANCE				
OFFICER ASSIGNMENT TYPE				
OFFICER ORC				
PHYSICAL CONDITION				
MEDICAL CONDITION:				

ORI NUMBER: OH0800400	IR NUMBER: 07-00319-09	IR DATE: 09/01/2007 03:30:00	PAGE NO. 4
 <p>FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT</p>			
ADDITIONAL INFORMATION	<i>Additional migrated data. Please check current record(s) for validity.</i>		
	My signature verifies that the information on this report is accurate	DATE:	

ORI NUMBER: OH0600440	IR NUMBER: 07-00319-09	IR DATE: 08/01/2007 03:30:00	PAGE NO. 5						
 <p align="center">FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT</p>									
NAME / DESCRIPTION	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	CATEGORY 3 - Suspect/Arrestee	CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
	NAME (Last, First, Middle) Kirk, Craig M				SSN <input type="text"/>				
	ALIAS:				GANG AFFILIATION:				
	ADDRESS (Street, Apt., City, State, Zip):				HOME PHONE				
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):				PHONE				
	PLACE OF BIRTH:		DL# / STATE: <input type="text"/>		OCCUPATION / SCHOOL:				
	AGE: <input type="text"/>	SEX: <input type="text"/>	RACE: <input type="text"/>	ETHNICITY: <input type="text"/>	HEIGHT: 5'-9" <input type="text"/>	WEIGHT: 250 <input type="text"/>	HAIR: <input type="text"/>	EYES: <input type="text"/>	
	D.O.B: <input type="text"/>	M - Male <input type="checkbox"/>	MARITAL STATUS: <input type="text"/>	SUSPECTED OF USING <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS					
	SCARS, MARKS, TATTOOS:								
	ADDITIONAL DESCRIPTION:								
POTENTIAL INJURIES?									
ARRESTEE WAS ARMED WITH		99-None							

ORI NUMBER: OH0800400		IR NUMBER: 07-00516-08		IR DATE: 09/01/2007 03:30:00		PAGE NO. 6																																																																												
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT																																																																																		
ARREST INFORMATION	ARREST DATE:	TIME	ARREST LOCATION OH (Street, Apt., City, State, Zip):				INCIDENT TRACKING NUMBER:		ARREST DISPOSITION C - Citation issued			BAIL	MIRANDA WTNESSED BY:						TIME READ:	FINGERPRINTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.		PHOTOS TAKEN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#	MULTIPLE ARRESTEE SEGMENTS INDICATED <input checked="" type="checkbox"/> C - Court Appointed			PAPERWORK <input checked="" type="checkbox"/> C - Court Appointed				WARRANT							COURT Muskingum County						DATE	NO. 1 NAME (Last, First, Middle) Schilling, Jason B		AGE/ D.O.B.			SSN:		ADDRESS (Street, Apt, City, State, Zip): 7 2nd Street, Frazeyburg, OH, 43822						HOME PHONE (740)828-2911	EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip): Village of Frazeyburg Police 7 2nd Street, Frazeyburg, OH, 43822						PHONE (740)828-2911	STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TYPE: <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS											
	ARREST DATE:	TIME	ARREST LOCATION OH (Street, Apt., City, State, Zip):																																																																															
	INCIDENT TRACKING NUMBER:		ARREST DISPOSITION C - Citation issued			BAIL																																																																												
	MIRANDA WTNESSED BY:						TIME READ:																																																																											
	FINGERPRINTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.		PHOTOS TAKEN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#																																																																											
	MULTIPLE ARRESTEE SEGMENTS INDICATED <input checked="" type="checkbox"/> C - Court Appointed			PAPERWORK <input checked="" type="checkbox"/> C - Court Appointed																																																																														
	WARRANT																																																																																	
	COURT Muskingum County						DATE																																																																											
	NO. 1 NAME (Last, First, Middle) Schilling, Jason B		AGE/ D.O.B.			SSN:																																																																												
ADDRESS (Street, Apt, City, State, Zip): 7 2nd Street, Frazeyburg, OH, 43822						HOME PHONE (740)828-2911																																																																												
EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip): Village of Frazeyburg Police 7 2nd Street, Frazeyburg, OH, 43822						PHONE (740)828-2911																																																																												
STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TYPE: <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS																																																																																

ORI NUMBER: OH0600400	IR NUMBER: 07-00318-08	IR DATE: 09/01/2007 03:30:00	PAGE NO. 7																																																																																															
 <p style="text-align: center;">FRAZEYSBURG POLICE DEPARTMENT</p> <p style="text-align: center;">OHIO UNIFORM INCIDENT REPORT</p>																																																																																																		
<table border="1"> <thead> <tr> <th colspan="2">CHECK CATEGORIES</th> <th><input type="checkbox"/> STOLEN</th> <th><input type="checkbox"/> RECOVERED</th> <th><input type="checkbox"/> IMPOUNDED</th> <th><input type="checkbox"/> RECEIVED</th> <th><input type="checkbox"/> SUSPECT'S VEHICLE</th> </tr> <tr> <th colspan="2"></th> <th><input type="checkbox"/> VICTIM'S VEHICLE</th> <th><input type="checkbox"/> UNAUTHORIZED USE</th> <th><input type="checkbox"/> ABANDONED</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>NO. 1</td> <td><input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE</td> <td>LIC: [REDACTED]</td> <td>LIS: OH - Ohio</td> <td>UY: 2007</td> <td>LIT: PC - Passenger Car</td> <td>VIN/ODN: [REDACTED]</td> <td>VALUE: [REDACTED]</td> </tr> <tr> <td>VEHICLE VYR: 1982</td> <td>VMA: Ford (also see English.)</td> <td>VMO: Escort</td> <td>VST: Station Wagon</td> <td>TOP COLOR: SIL - Silver</td> <td>VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>MOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>RELEASE COMMENTS <input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td colspan="2">VEHICLE ASSOC. W/ SUSPECT NO.</td> <td colspan="2">VEHICLE ASSOC. W/ VICTIM NO.</td> <td>VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td colspan="2">TOWED BY: J/R Towing 10 East 3rd Street</td> <td>OWNERSHIP VERIFIED BY: 7 - LEADS</td> </tr> <tr> <td colspan="2">STOLEN/MOTORCYCLE VEHICLE ONLY</td> <td colspan="2">NO. STOLEN</td> <td colspan="4">AREA STOLEN:</td> </tr> <tr> <td colspan="2">AUTO INSURER NAME (Company) ADDRESS (Street, Apt, City, State, Zip):</td> <td colspan="2">NONE PROVIDED OH</td> <td colspan="2"></td> <td colspan="2">PHONE</td> </tr> <tr> <td colspan="2">MOTOR VEHICLE RECOVERED/NOT FOUND</td> <td>NO. RECOVERED</td> <td>DATE REC.</td> <td colspan="4">STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?</td> </tr> <tr> <td colspan="8">ADDITIONAL DESCRIPTION:</td> </tr> <tr> <td colspan="2">ITEMS RECOVERED ITEMS FOUND</td> <td>QUANTITY</td> <td colspan="4">DESCRIPTION: 1 open Budweiser beer can (Empty) Found cold with small amount of liquid</td> <td>ITEMS RECOVERED ITEMS FOUND</td> </tr> <tr> <td colspan="2">VICT. NO.</td> <td>VEH. NO.</td> <td colspan="2">MAKE/BRAND: Budweiser</td> <td colspan="2">MODEL:</td> <td>DATE RECOVERED 09/01/2007</td> </tr> <tr> <td colspan="2">SERIAL NUMBER:</td> <td colspan="2">NCIC NUMBER:</td> <td colspan="2">OTHER NUMBER:</td> <td colspan="2">[REDACTED]</td> </tr> </tbody> </table>				CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE			<input type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTHORIZED USE	<input type="checkbox"/> ABANDONED			NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC: [REDACTED]	LIS: OH - Ohio	UY: 2007	LIT: PC - Passenger Car	VIN/ODN: [REDACTED]	VALUE: [REDACTED]	VEHICLE VYR: 1982	VMA: Ford (also see English.)	VMO: Escort	VST: Station Wagon	TOP COLOR: SIL - Silver	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	MOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE COMMENTS <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY: J/R Towing 10 East 3rd Street		OWNERSHIP VERIFIED BY: 7 - LEADS	STOLEN/MOTORCYCLE VEHICLE ONLY		NO. STOLEN		AREA STOLEN:				AUTO INSURER NAME (Company) ADDRESS (Street, Apt, City, State, Zip):		NONE PROVIDED OH				PHONE		MOTOR VEHICLE RECOVERED/NOT FOUND		NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?				ADDITIONAL DESCRIPTION:								ITEMS RECOVERED ITEMS FOUND		QUANTITY	DESCRIPTION: 1 open Budweiser beer can (Empty) Found cold with small amount of liquid				ITEMS RECOVERED ITEMS FOUND	VICT. NO.		VEH. NO.	MAKE/BRAND: Budweiser		MODEL:		DATE RECOVERED 09/01/2007	SERIAL NUMBER:		NCIC NUMBER:		OTHER NUMBER:		[REDACTED]	
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE																																																																																												
		<input type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTHORIZED USE	<input type="checkbox"/> ABANDONED																																																																																														
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC: [REDACTED]	LIS: OH - Ohio	UY: 2007	LIT: PC - Passenger Car	VIN/ODN: [REDACTED]	VALUE: [REDACTED]																																																																																											
VEHICLE VYR: 1982	VMA: Ford (also see English.)	VMO: Escort	VST: Station Wagon	TOP COLOR: SIL - Silver	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	MOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE COMMENTS <input type="checkbox"/> Y <input type="checkbox"/> N																																																																																										
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY: J/R Towing 10 East 3rd Street		OWNERSHIP VERIFIED BY: 7 - LEADS																																																																																											
STOLEN/MOTORCYCLE VEHICLE ONLY		NO. STOLEN		AREA STOLEN:																																																																																														
AUTO INSURER NAME (Company) ADDRESS (Street, Apt, City, State, Zip):		NONE PROVIDED OH				PHONE																																																																																												
MOTOR VEHICLE RECOVERED/NOT FOUND		NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?																																																																																														
ADDITIONAL DESCRIPTION:																																																																																																		
ITEMS RECOVERED ITEMS FOUND		QUANTITY	DESCRIPTION: 1 open Budweiser beer can (Empty) Found cold with small amount of liquid				ITEMS RECOVERED ITEMS FOUND																																																																																											
VICT. NO.		VEH. NO.	MAKE/BRAND: Budweiser		MODEL:		DATE RECOVERED 09/01/2007																																																																																											
SERIAL NUMBER:		NCIC NUMBER:		OTHER NUMBER:		[REDACTED]																																																																																												

ORI NUMBER: OH0800400	IR NUMBER: 07-00319-09	IR DATE: 08/01/2007 03:30:00	PAGE NO. 8
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT			
NARRATIVE	INVESTIGATOR NOTE: <p>Saturday, September 1, 2007 at 12:29 a.m., Officer Jason Schilling Unit #8, was conducting stationary patrol in the Huntington Bank Parking Lot located at the intersection of 3rd Street and State Street. I observed a silver Ford Escort Station Wagon traveling northbound on South State Street. The vehicle completed a right turn and drove eastbound on 3rd Street. I observed that the driver did not signal when turning and the vehicle only had one operational headlight on the driver side. I drove out of the Huntington Bank Parking Lot and traveled eastbound on 3rd Street. The suspect vehicle sped up as I approached and failed to stop when I activated my overhead beacons and turned on my audible siren on my marked patrol vehicle. The vehicle suddenly slowed and quickly drove off the roadway, onto the south side of the roadway, still facing eastbound. I contacted the Muskingum County Sheriff's Department Dispatcher and advised of the traffic stop, vehicle information (Ohio Plate: [REDACTED] and advised of my location, East 3rd Street and west of Williamsburg Square Sales. I exited my patrol vehicle (#102) and approached the driver side window of the vehicle. I observed a male driver as the sole occupant. As I approached the vehicle, I also smelled a strong odor of an unknown alcoholic beverage emitting from the open driver side window. I made contact with the driver, who identified himself a Craig M. Kirk from Coshocton, Ohio. I asked for his driver's license, insurance information and vehicle registration. Kirk said, "Well that is going to be hard for me to do." He looked at me and then looked away. I smelled a strong odor of an unknown alcoholic beverage on his breath. His eyes were glassy and his pupils were fully dilated. He could not maintain eye contact with me and his head kept falling to his right shoulder. I asked why he did not have his license on him. He said, "Well that is a long story, you see I am an ex-patriot, and I do not believe in government or any type of identification." I asked for his name, Social Security Number and date of birth. He provided his name and date of birth, but refused to provide his Social Security Number. I advised Kirk that I stopped his vehicle because he did not signal when turning onto east 3rd Street and his passenger side headlight is not working. He said, "I don't believe that, I bet this is because of me being a Green's house." I asked where Green's house is, he said, "You know, Josh Green, he only lives a few doors down from the Police Department, he is a trouble maker and doesn't believe in government either." I assured him I did not stop him for that reason. Kirk said, "Well it is probably because I am Jewish." I once again assured him it was not for that reason. I asked Kirk if he consumed any alcohol, illegal substance or other drug before driving. He said no. I asked him to stay in his vehicle while I checked his driver's license information. I walked back to my patrol car and made contact with the Muskingum County Sheriff's Department Dispatcher. I was advised by the dispatcher that the Ford Escort is registered to [REDACTED] and Craig Kirk's license was under permanent revocation since June, 27, 1994 through Franklin County Municipal Court. I observed Kirk's actions from my vehicle. I observed him strike the dashboard with his fist, root around inside the vehicle, shake his fists over his head and throw a small unknown object into the rear storage compartment of his vehicle. I requested assistance through the MCSO dispatcher. Dresden Police Department (Unit 2 / Asst. Chief) advised he was en-route. MCSO Deputy Caldwell also advised he was en-route. I exited my vehicle and approached the driver side window of the suspect vehicle. I advised Kirk that his license are under suspension permanently. He said, "Yeah, and what else is new, I already knew that." I asked him to submit to a standard field sobriety test. He refused. I explained the consequences for not submitting to the field test. He still refused. I asked him to step out of the vehicle. He did without incident. I walked him to the rear of his vehicle and advised he was under arrest for suspicion of OVI and Driving Under Suspension. I could smell a strong odor of an unknown alcoholic beverage upon his breath and person. His eyes were glassy, and he stumbled as he walked. I advised him of his Miranda rights and placed him under arrest. Kirk said he has a bad back and neck and cannot wear one set of handcuffs behind his back. I placed both available pairs of handcuffs on his wrists for maximum comfort. He asked if I would place the handcuffs in front of him. I explained that I would, when my back-up arrives. I walked him to the rear passenger side of my cruiser. I again asked if he would submit to a field sobriety test and of the consequences if he does not. He again said no. Kirk stated he was being falsely arrested and I was violating the "Commandments of Moses." I asked him to recite the commandments I was violating. He mumbled and said, "I can only tell you one, the rest are a secret." Kirk said, "I am Jewish, so does that mean you are going to shoot me along the roadside?" I assured him that would not happen. He said, "That is what Hitler did." Dresden (Unit 2) arrived and parked behind my cruiser. The Dresden officer assisted me with patting down Kirk and placing a third set of handcuffs in a chain along Kirk's stomach. Kirk advised he was more comfortable. MCSO Deputy Sheriff Caldwell also arrived as we placed the third set of handcuffs on Kirk. Kirk was placed in the rear passenger side of my patrol car. Dresden (Unit 2) contacted the MCSO dispatcher and requested a tow truck. I completed an inventory of the vehicle prior to impound. I noted the mileage and VIN number of the vehicle. I also completed an inventory of the entire interior of the vehicle. I observed a large amount of trash inside the vehicle. The driver seat was wet and smelled like urine. The interior of the vehicle also smelled like an unknown alcoholic beverage. I noted a fixed blade knife secured inside a leather sheath lying on the passenger side dashboard. The blade appeared to be five inches or less in length and was not removed from the vehicle. I completed an inventory of the rear storage compartment of the vehicle. The compartment is not separate and is accessible from the front and rear passenger seats. I noted on the inventory sheet a</p>		

ORI NUMBER: OH0800400	IR NUMBER: 07-00319-08	IR DATE: 08/01/2007 03:30:00	PAGE NO. 8
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT			
<p>red plastic tool kit with miscellaneous tools and trash. I discovered a compacted 12 oz. Budweiser beer can near the toolkit. The can contained a small amount of an unknown yellow liquid that smelled and appeared to be an alcoholic beverage. The can was very cold and moist. The weather conditions during the traffic stop were clear and warm. The contents of the can smelled fresh and the can appeared to have been recently opened and emptied or consumed. I walked back to my patrol vehicle and spoke with Kirk about the beer can I found in the storage area. I asked if he consumed the contents prior to or while driving. He laughed and said, "Oh, we collect cans to recycle." 1:20 a.m. J/R Towing arrived (Business Address: 10 East 3rd Street Frazeyburg, Ohio 43822). I advised the tow truck driver, James Smith, that the vehicle is not on-hold, but can only be released to the owner. [REDACTED] The keys were left in the ignition. 1:45 a.m. I transported Kirk to Ohio State Highway Patrol Post 60 in Zanesville, Ohio. I read Kirk his Miranda, he said he understood. Trooper Roe (382) witnessed the Miranda form. Kirk refused to sign the form. Trooper Roe setup the Breathalyzer Machine for the breath test. He placed a fresh plastic mouth piece on the blow tube of the machine. The mouth piece was inside a sealed clear plastic baggie prior to being removed. I read the BMV 2255 consequences section on the reverse side of the form to Kirk. Kirk refused to read along with the form. After the form was read to him, he said, "Whatever." Trooper Roe signed the form as a witness. 2:07 a.m. Trooper Roe requested that Kirk blow into the mouthpiece on the Breathalyzer Machine. Kirk refused and did not place his mouth on or near the tube. He remained seated in front of the machine. Roe recorded the results as a refusal. 2:36 a.m. I transported Kirk to the Frazeyburg Police Department for processing. I completed an Influence Report. Kirk was cooperative during the interview. I presented him with a copy of the BMV 2255 form and Breathalyzer Machine Report. I advised Kirk that he is being charged with OVI, Driving Under Suspension and Failure to Display Two Operable Headlights. He said he understood and signed citation #4813. I advised him he is scheduled to appear in Frazeyburg Mayor's Court on Tuesday, September 4, 2007 at 8:00 p.m. He said, "There is going to be a problem with that. That is a Jewish Holiday. I don't conduct business on holidays." I asked what the name of the holiday is. He said, "It is a Jewish thing, it is a new moon." I advised I am not familiar with that being a holiday. I explained that he would need to contact the court to reschedule, and if he does not appear, a warrant would be issued for his arrest. He said, "I guess I can work something out." 3:45 a.m. Kirk was released to his wife.</p>			
REPORTING OFFICER: Schiling, Jason	BADGE NO. FBI 3	DATE: 08/04/2007 14:18	

FOLLOWUP?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If yes, follow-up Assignment:	08/04/2007
-----------	--	-------------------------------	------------

STATE OF OHIO
HP-70G
10-0277-00
OHP 0277
Rev. 11/02/01

DEPARTMENT OF PUBLIC SAFETY

Report No. 07-0319-09

Ohio State Highway Patrol
Constitutional Rights Waiver

YOUR CONSTITUTIONAL RIGHTS

Place OSHP-ZAD CIVILLE
Date 07-01-07
Time 2:01 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can and will be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions, and to have the lawyer present with you during questioning.

If you are unable to pay a lawyer, one will be appointed for you prior to any questioning, if you so desire.

If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I have read the statement of my rights shown above. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer at this time. I understand and know what I am doing. No promise or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed X Jeffrey

Witness X Jeffrey

Witness X Jeffrey

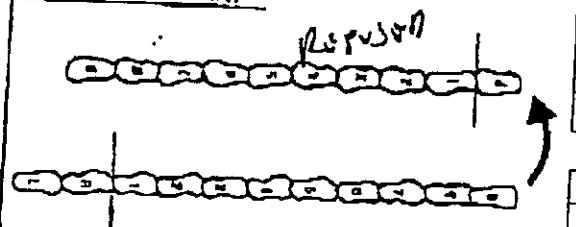
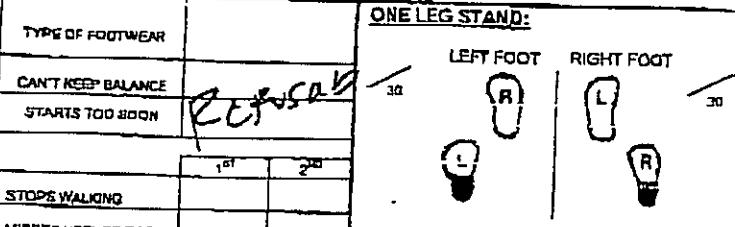
Time 02:00 1/9/2007

Education

Other

FRAZEYSBURG POLICE DEPARTMENT DRUG INFLUENCE EVALUATION

219

EVALUATOR AND DRE ² Off. J. Schilling #8 WITNESS								DRE'S AGENCY FRAZEYSBURG POLICE MIRANDA WARNING GIVEN BY Schilling	CASE NO 07-316-288 LOCATION OSHP	INSTRUCTOR NOTIFICATION DATE AND TIME 4/1/07 10:00 AM COUNTY OF ARREST MUSKINGUM
ARRESTING OFFICER Off. J. Schilling #8 SUBJECT'S NAME Craig M. Kirk		BREATH TEST RESULTS: Refused				NEUTRO		COLLISION □ NONE □ FATALITY □ INJURY □ PROPERTY		
DOB CRAG M. KIRK		SEX M	RACE WHITE	DLN [REDACTED]	STATE OHIO	DATE/TIME OF ARREST 4/1/07 12:29 AM		TIME OF EVAL 3:10 AM		
WHAT HAVE YOU EATEN TODAY? PIES WHEN? 12 PM WHAT HAVE YOU BEEN DRINKING? NO WHEN? WHAT TIME IS IT? 3:12 AM										
WHEN DID YOU LAST SLEEP? HOW LONG? SLEEP 8-9 HRS. LOST NIGHT		ARE YOU SICK OR INJURED? NO				DIABETIC □ YES □ NO		EPILEPTIC □ YES □ NO		
DO YOU HAVE A PHYSICAL IMPAIRMENT? LEFT SHOULDER/NECK		UNDER THE CARE OF A DR. OR DENTIST? NO				WHAT MEDICATIONS OR DRUGS ARE YOU TAKING? NO		TAKE INSULIN? □ YES □ NO		
ATTITUDE CALM		COORDINATION MODERATE		SPEECH SLURRED		BREATH WEAK FOR STRONG ALCOHOLIC		FACIAL COLOR FLUSH		
CORRECTIVE LENSES: □ NONE □ GLASSES CONTACTS: □ SOFT □ HARD		BLINDNESS: □ NONE □ LEFT □ RIGHT		EYES: □ NEAR NORMAL □ BLOODSHOT □ WATERY		EYELIDS: □ NORMAL □ DROOPY		PUPIL SIZE: □ EQUAL □ UNEQUAL		
HGN Left		LEFT	RIGHT	VERTICAL NYSTAGMUS □ Yes □ No		ROMBERG BALANCE: ADPOX ADPOX		ABLE TO FOLLOW STIMULUS: □ YES □ NO		
LACK OF SMOOTH PURSUIT Y N		Y	N	CONVERGENCE Right LM		ESTIMATES 30 SEC. 20		TRACKING: □ EQUAL □ UNEQUAL		
MAX. DEVIATION Y N		Y	N	ANGLE OF ONSET Refused		HOW MANY SEC.? 20		EYELID TREMORS □ YES □ NO		
ESTIMATION METHOD:										
WALK AND TURN: 										
TYPE OF FOOTWEAR		CANT KEEP BALANCE		STARTS TOO SOON		STOPS WALKING		MISSES HEEL TO TOE		
ONE LEG STAND: 		LEFT FOOT		RIGHT FOOT		SWAYS		USES ARMS TO BALANCE		
RIGHT		LEFT	3-PULSES	PULSE	TIME	PUPIL SIZE	Room Light 2.5MM - 3.0MM	Near Total Darkness 2.0MM - 8.5MM	Direct Light 2.0MM - 4.5MM	
②		①	FIRST			LEFT EYE				
④		③	SECOND			RIGHT EYE				
⑤		⑥	THIRD			HIPUS	PERIUNDILATION	REACTION TO LIGHT		
			BLOOD PRESSURE	1		NASAL AREA		ORAL CAVITY		
			TEMP			MUSCLE TONE:	□ NEAR NORMAL	□ FLACCID	□ RIGID	
WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING? TYPE OF DRUG? HOW MUCH/DOSAGE? TIME OF USE?										
RIGHT		LEFT	WHERE WERE THESE DRUGS USED? Refused							
INJECTION SITES										
INTERROGATION, STATEMENTS AND OTHER OBSERVATIONS (USE BACK IF NECESSARY): GLASY EYES, DILATED PUPILS, SLURRED SPEECH, SPASMS										
SEE BACK: □ N										
OPINION: □ DEPRESSANT □ NARCOTIC ANALGESIC □ INHALANT □ CANNABIS □ NOT IMPAIRED □ STIMULANT □ DISSOCIATIVE ANESTHETIC □ HALLUCINOGEN □ ALCOHOL □ M60 RULE OUT □ TOX SAMPLE □ UNABLE TO OBTAIN □ NOT REQD										
TIME COMPLETED 0320										
EXAMINING OFFICER Off. Jason Schilling		BADGE NO.		REVIEWED BY DRE INSTRUCTOR:						
5000-150-008 (Rev. 5/06) COPIES TO: ARRESTING OFFICER □ COURT □ ORIGINATING AGENCY □ TOX LAB □ STATE COORDINATOR										

07-0319-09

Bureau of Alcohol
and Drug Testing**BAC DATAMASTER****SUBJECT TEST FORM**

TEST DATE MONTH	DAY	YEAR	SUBJECT NAME		
7	1	2007	CRAIG M. KERK		
DATE OF BIRTH MONTH	DAY	YEAR	AGE	SEX	SOCIAL SECURITY #
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]
ADDRESS			CITY		
STATE	ZIP CODE	DRIVER LICENSE #	STATE	EXPIRES	
OH	[REDACTED]	[REDACTED]	OH	[REDACTED]	
ARRESTING OFFICER			DEPARTMENT		
SCHILLING			FREOZEBURG POLICE DEPT.		
UNIFORM TRAFFIC TICKET #			STATUTE / ORDINANCE		
4813			OVR / DUS (PKG)		
OFTEN			TEST SITE #		
73.01 / 71.19			HP-60		

BAC DataMaster Operational Checklist

- (1) Observe subject for twenty minutes prior to testing to prevent oral intake of any material.
- (2) Press "RUN" button.
- (3) Enter data as prompted by instrument display.
- (4) Take breath sample when "PLEASE BLOW" appears on display.

TEST RESULT

0.162 g/210L

 CHECK IF SUBJECT REFUSED TEST

PERMIT #	EXPIRATION DATE	INSTRUMENT SERIAL #	TEST I.D. #
51046-1-6	MONTH	DAY	YEAR
	11	18	2008
OPERATORS SIGNATURE		DEPARTMENT	
T. J. K.		CIA	

NO 07-0319-09

NOIC

VEHICLE IMPOUNDMENT RECORD

NO

MAKE	MODEL	COLOR	NO. OF CYLINDERS					
FORD	ESCAPE	SILVER	4					
YEAR	MILEAGE	LICENSE NO. (Yr. - State)	HORSEPOWER OR CUBIC INCH DISPLACEMENT					
1992	17412	0410						
SERIAL NO.	FUEL	VIN NO.	NO. OF AXLES					
	Gasoline		2					
TYPE OF VEHICLE								
<input checked="" type="checkbox"/> Passenger Vehicle	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Tractor	<input type="checkbox"/> Semi-Trailer					
	<input type="checkbox"/> Truck	<input type="checkbox"/> Trailer	<input type="checkbox"/> Bus					
BODY STYLE	<input type="checkbox"/> Coupe	<input type="checkbox"/> Station Wagon	<input type="checkbox"/> Pickup	<input type="checkbox"/> Panel	<input type="checkbox"/> Rack	<input type="checkbox"/> Carryall	<input type="checkbox"/> Camper	NO. OF WHEELS
	<input type="checkbox"/> Sedan	<input type="checkbox"/> Sedan	<input type="checkbox"/> Convertible	<input type="checkbox"/> Van	<input type="checkbox"/> Stake	<input type="checkbox"/> Flatbed		4
VEHICLE OPERATOR (Address, Number, Street, City, State)				PHONE NO.				
CRAIG KIRK.								
REGISTERED OWNER (Address, Number, Street, City, State)				PHONE NO.				
			(Carried on by No Hold)					
NAME & ADDRESS OF LIEN HOLDER (if applicable)				PHONE NO.				

REASON FOR IMPOUNDMENT

ACCIDENT DUE STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED

OTHER THAN ABOVE

NAME OF ARRESTED PERSON INJURED OTHER CRAIG M. KIRK. REPORT NO. 07-0319-09

EXACT LOCATION WHERE VEHICLE PICKED UP 3RD ST @ Williams St. NAME OF TOW-IN SERVICE TOW-IN SERVICE REQUESTED BY 8

DATE OF IMPOUNDMENT 9/1/07 TIME 6:14 / 1 TOWER OR DOWNTOWN BYP. NAME & TITLE OF IMPOUNDING OFFICER 12TH FLOOR / OFF. 5.5.1111 E. /

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION		DAMAGED	CONDITION		DAMAGED	CONDITION
FRONT END	<input checked="" type="checkbox"/>		ENGINE	<input checked="" type="checkbox"/>		SPARE TIRE	<input checked="" type="checkbox"/>	
LF K	<input checked="" type="checkbox"/>		RADIATOR	<input checked="" type="checkbox"/>		LT TIRE	<input checked="" type="checkbox"/>	
LF DOOR	<input checked="" type="checkbox"/>		ALTERNATOR	<input checked="" type="checkbox"/>		RRTIRE	<input checked="" type="checkbox"/>	
LR DOOR	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		LT TIRE	<input checked="" type="checkbox"/>	
LR H	<input checked="" type="checkbox"/>		A/C	<input checked="" type="checkbox"/>		GLASS	<input checked="" type="checkbox"/>	
REAR END	<input checked="" type="checkbox"/>		RADIO	<input checked="" type="checkbox"/>		O.B. RADIO	<input checked="" type="checkbox"/>	
RF K	<input checked="" type="checkbox"/>		TAPE DECK	<input checked="" type="checkbox"/>		C.B. ANTENNA	<input checked="" type="checkbox"/>	
RF DOOR	<input checked="" type="checkbox"/>		HUB CAP	<input checked="" type="checkbox"/>				
RR DOOR	<input checked="" type="checkbox"/>		WHEEL COVER	<input checked="" type="checkbox"/>				
RR H	<input checked="" type="checkbox"/>		DRIVE TRAIN	<input checked="" type="checkbox"/>				
HOOD	<input checked="" type="checkbox"/>		JACK	<input checked="" type="checkbox"/>				
TOP	<input checked="" type="checkbox"/>		TOOLS	<input checked="" type="checkbox"/>				
REAR LID	<input checked="" type="checkbox"/>		GASOLINE	<input checked="" type="checkbox"/>				

REMARKS MIS. TRASH. BABY SEAT, TOOL KIT, (LEFT IN VEHICLE).

USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

1 BUDWEISER, 12 oz. BOTTLE, A ROW OF CIGARETTES

REPORT MADE BY OF 09/01/07 DATE 09/01/07 TIME 01:19

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED BY James Smith

DATE

TIME 1:20 AM



OHIO BUREAU OF MOTOR VEHICLES
REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /

NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME CRAIG M. KIRK	DRIVER LICENSE NUMBER	CLASS	STATE OHIO
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) [REDACTED]			
CITY [REDACTED]	OHIO COUNTY OF RESIDENCE [REDACTED]	STATE OHIO	ZIP CODE [REDACTED]
DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	4-DIGIT COURT CODE 0053	COUNTY OF VIOLATION MUSKINGUM
DATE OF VIOLATION 9/11/2007	TIME OF VIOLATION 12:29 PM	VIN [REDACTED]	
DATE OF REFUSAL OR TEST 9/11/2007	TIME OF REFUSAL OR TEST 2:07 PM	YEAR 92	MAKE FORD
VEHICLE OWNER'S NAME [REDACTED]	DATE OF BIRTH [REDACTED]	LICENSE PLATE NO. [REDACTED]	TYPE PLATE PASS
CITY [REDACTED]	STATE [REDACTED]	STREET ADDRESS [REDACTED]	ZIP CODE [REDACTED]
VEHICLE STORED AT (STREET ADDRESS) J/R TOWING 10 EAST STREET FROZENSBURG, OHIO		CITY FROZENSBURG.	

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: Physical Control

The driver:

 Refused to submit to test(s). Submitted to test(s) 0 % alcohol test result Circle test type for which results were reported:Whole Blood, Urine, Blood Serum, or Blood Plasma Was placed under an Administrative License Suspension (4511.191) License was seized Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and/or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI/Physical Control arrest before test were: **REFUSED**.

Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.

Specified controlled substance and/or metabolite results:

Subject tested positive for prohibited level of marijuana metabolite (specify amount) and was under the influence of alcohol and/or a drug of abuse.

Controlled substance or metabolite test result received on _____, Subject served with notice of Administrative License Suspension on _____.

Vehicle seized under 4511.203 only (DUS or wrongful entrapment of a motor vehicle) If so, Do Not Mail this form to the BMV

Vehicle subject to immobilization

Vehicle subject to forfeiture

Commercial vehicle per definition (4506.01(E))

24-hour out-of-service order

CDL to be disqualified

CDL seized

Hazardous material

Operated a commercial vehicle under the influence of a controlled substance

C. Officer to Complete Applicable Vehicle Sanctions:

 License plate(s) seized Vehicle seized under 4511.195 (OVI)

D. Officer to Complete If Offender was Operating a Commercial Vehicle:

 I and showed advice to offender (4506.17) Refused to submit to test(s) Submitted to test(s) 0 % alcohol test result

(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

 Prohibited Alcohol Content without OVI charge Prohibited Alcohol Content with OVI charge Commercial vehicle per definition (4506.01(E)) 24-hour out-of-service order CDL to be disqualified CDL seized Hazardous material Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

X *Refused*
SIGNATURE OF DRIVER

X *Refused to sign*
REFUSED TO SIGN

F. Complete Below Only for an OVI Physical Control ARREST:
We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and the other person.

X *Officer 58*
SIGNATURE OF ARRESTING OFFICER

X *Tom Kirk 362*
SIGNATURE OF WITNESS

FRAZENSBURG POLICE DEPT. OHO: **[REDACTED]**
ENFORCEMENT AGENCY
PO BOX 160 7 2nd St.
OFFICER'S BUSINESS STREET ADDRESS
FROZENSBURG OHIO **43822**
CITY STATE ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF **MUSKINGUM**.

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse. In physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X *11/11/07*
ARRESTING OFFICER SIGNATURE

Sworn to before me this **5th** day of **September** 2007

Qualified by Notary
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

BMV 2255 7/06



Ohio Government Risk Management Plan

Member Certificate Declarations

Member Participant

Village of Frazeysburg-Muskingum
P.O. Box 160
7 Second St.
Frazeysburg, OH 43822

Policy Period

Certificate Number OH1030406-P07
Effective Date 06/29/2007
Expiration Date 06/29/2008

Regional Risk Manager

Rinehart, Walters, Danner Insurance
446 Park Avenue, West
P.O. Box 487
Mansfield, OH 44901

Annual Premium

Payment Plan
Annual
 Semi-Annual
Quarterly

Coverage provided below along with the Supplemental Declarations, Auto Declarations, Coverage Forms and Endorsements make up the complete policy.

PROPERTY COVERAGES

Blanket Building and Personal Property

Limit	<u>Coverage Limit</u>
Valuation Method	\$5,125,552
Level of Protection	Replacement Cost
Agreed Value	Causes of Loss - Special
Business Income with Extra Expense	Yes
Legal Liability – Real Property	\$100,000
Location:	\$1,000,000
Deductible:	Per Schedule On File With The Ohio Plan
	\$1,000

Boiler & Machinery

Limit	<u>Coverage Limit</u>
Deductible – All Other Property	\$5,125,552
Deductible – Deep Well Pumps	\$1,000
	\$10,000

INLAND MARINE COVERAGES

Special Property Coverage

Miscellaneous Property and Equipment Limit	<u>Coverage Limit</u>
Fire and Rescue Property and Equipment Limit	\$10,900
Scheduled Equipment Limit	Not Covered
Description	\$281,676 ✓
Deductible	Per Schedule On File With The Ohio Plan
	\$500

Electronic Equipment/Media Coverage Form

Electronic Equipment Limit	<u>Coverage Limit</u>
Electronic Media Limit	\$5,000
Extra Expense Limit	\$10,000
Business Income Limit	\$10,000
Description	Not Covered
Deductible	Per Schedule On File With The Ohio Plan
	\$500

Village of Frazeysburg-Muskingum

LIABILITY COVERAGES**Governmental General Liability**

	<u>Coverage Limit</u>
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Each Electronic Data Incident	\$50,000
General Aggregate	\$3,000,000
Medical Expense Limit – Per Person	\$10,000
Medical Expense Limit Annual Aggregate	\$50,000

Employer's Liability (Ohio Stop Gap)

	<u>Coverage Limit</u>
Bodily Injury by Accident – Each Accident	\$1,000,000
Bodily Injury by Disease – Each Employee	\$1,000,000
Bodily Injury Aggregate Limit	\$1,000,000

Employee Benefits Liability

	<u>Coverage Limit</u>
Each Incident	\$1,000,000
Annual Aggregate	\$3,000,000

Public Officials Liability

	<u>Coverage Limit</u>
Each Wrongful Act	\$1,000,000
Annual Aggregate	\$3,000,000
Declaratory, Equitable and Injunctive Relief Defense – Annual Aggregate	\$10,000
Back Wages	\$10,000
Public Officials Liability Deductible	\$1,000
Declaratory, Equitable and Injunctive Relief Deductible	\$1,000

Law Enforcement Liability

	<u>Coverage Limit</u>
Each Wrongful Act	\$1,000,000
Annual Aggregate	\$3,000,000
Medical Expense Limit – Per Person	\$10,000
Medical Expense Annual Aggregate	\$50,000
Deductible	\$1,000

AUTOMOBILE COVERAGE

For Details See OH1500(11/06) GOVERNMENTAL AUTOMOBILE DECLARATIONS

CRIME COVERAGE

	<u>Coverage Limit</u>
Theft, Disappearance and Destruction	\$2,500
Deductible:	\$0
Public Employee Dishonesty (Coverage Form O – Per Loss)	\$25,000
Deductible:	\$0
Forgery or Alteration (Coverage Form B)	\$5,000
Deductible:	\$0
Computer Fraud	\$2,500
Deductible:	\$100
Funds Transfer Fraud	\$5,000
Deductible:	\$0

Signature of Authorized Agent**Date**



Ohio Government Risk Management Plan

Coverage Forms and Endorsements

Village of Frazeysburg-Muskingum
OH1030406-P07

OH1000(11/08)	Member Certificate Declarations
OH1001(11/05)	Member Certificate Supplemental Declarations
OH1002(11/05)	Coverage Forms and Endorsements
OH1003(07/00)	Common Policy Conditions
OH1005(07/00)	Nuclear Energy Liability Exclusion
OH1008(07/00)	Multiple Deductible Endorsement
OH1007(11/05)	Exclusion of Certain Computer-Related Losses
OH1014(11/05)	Terrorism Exclusion Endorsement
OH1015(11/05)	Terrorism Exclusion Endorsement
OH1016(11/05)	Mold Exclusion Endorsement
OH1017(11/05)	Mold Exclusion Endorsement
OH1018(11/05)	Electronic Functionality Exclusion Endorsement

Property

OH1100(07/00)	Governmental Property Conditions
OH1101(11/05)	Governmental Building and Personal Property Coverage Form
OH1102(11/05)	Causes of Loss - Special Form
OH1103(11/05)	Business Income (and Extra Expense) Coverage Form
OH1104(11/05)	Legal Liability Coverage Form
OH1105(11/05)	Ordinance or Law Coverage
OH1106(11/08)	Boiler & Machinery Coverage - Comprehensive Coverage Limit Endorsement
OH1114(11/05)	

Inland Marine

OH1200(11/05)	Governmental Inland Marine Conditions
OH1201(11/05)	Special Property Coverage Form
OH1202(01/03)	Electronic Equipment/Media Coverage Form

Liability

OH1400(11/05)	Governmental General Liability Coverage Form
OH1402(11/05)	Employer's Liability (Stop Gap) Coverage Form
OH1403(11/05)	Employee Benefits Liability Coverage Form
OH1404(11/05)	Public Officials Liability Coverage Form
OH1405(11/05)	Law Enforcement Liability Coverage Form
OH1406(11/05)	Exclusion - Year 2000 Computer Related and other Electronic Problems
OH1407(11/05)	Declaratory, Equitable and Injunctive Relief Defense Endorsement

Automobile

OH1500(11/08)	Governmental Automobile Declarations Page
OH1601(11/05)	Governmental Auto Coverage Form
OH1602(11/05)	Auto Medical Payments Coverage
OH1604(11/05)	Emergency Vehicles - Volunteer Firefighters and Workers Injuries Excluded

Crime

OH1800(11/05)	Crime General Provisions
OH1801(11/05)	Public Employee Dishonesty Coverage Form (O)
OH1802(11/05)	Add Faithful Performance of Duty
OH1603(11/05)	Forgery or Alteration Coverage Form
OH1805(07/00)	Theft, Disappearance and Destruction Coverage Form
OH1806(11/05)	Computer Fraud Coverage Form
	Funds Transfer Fraud Coverage

Endorsements

OH1423(11/05)	Pollution Exception - Designated Operations
OH1425(11/05)	Pollution Exception - Sewer Backup